

IN CASE OF ACCIDENT

Call 911.

Either you or a witness should gather the information on opposite side of card.

Photograph or videotape everything you can: injuries to you, your bike, your helmet, the road, the car, the license plate, the other party's driver's license, the police officer's badge. Document your injuries and the damage to your bike.

Be sure police **write down** your side of the story.

Do not admit any blame.

If you can afford to wait, don't wash the clothes you were wearing or fix the bike until after all insurance claims are resolved.

Seek professional advice. Do not settle too soon. You may have expenses for things like car rentals if your bike was your transportation.

NC STATE LAWS AFFECTING BIKES

North Carolina law defines a bicycle as a vehicle with all the rights and responsibilities that are applicable. [§20-4.01 (49)]

SIGNS AND SIGNALS. Bicyclists must obey all traffic signs and signals. [§20-158(b)(1) and (c)(1)]; [§20-158(b)(2), (c)(2), and (c)(3)]

LIGHTS. For riding after dark, every bicycle must be equipped with: A front light that is visible from 300 feet, and a rear red reflector or light that is visible from a distance of at least 200 feet. [§20-129(e)]

DWI. A bicycle is considered a vehicle for purposes of impaired driving. [§20-138.1(e)]

PASSING. Drivers must allow at least 2 ft when passing a cyclist. [§20-149(a)]

SIGNALING. Manual signals must be given when turning or stopping.

MUST YIELD to emergency vehicles when sirens or lights are turned on. [§20-156(b)]

CYCLIST CRASH REPORT



Do you know what to do if you or a fellow cyclist is involved in a crash?

bikecarrboro.com

ON PAPER OR WITH VIDEO — GATHER THIS INFORMATION!

Vehicle License Plate: State ____ Number _____

Driver's Name _____

Street Address _____

City, State, Zip _____

Phone number _____

Email _____

Insurance Co. & Policy No. _____

Driver's License (State and Number) _____

Officer name / badge number _____

Report no. _____

Date _____ **Time** _____ **Weather** _____

Location _____

PROVIDED BY THE CARRBORO BICYCLE COALITION WITH A GRANT FROM THE CAROLINA TARWHEELS

Witness # 1

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Witness # 2

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____